Animal Control • Attack/Bite Investigation Form

Address Contacted ____________________________________________ Date __________ Time ______ AM/PM

Person Contacted

☑ Victim ☐ Friend ☐ Relation ____________
☐ Owner ☐ Friend ☐ Relation ____________

☐ Initial Contact, See Bite Report ☐ No Previous Contact With This Person, Description Needed
☐ Phone Contact ☐ Previous Contact, No Further Description Needed
☐ Doorcard Left, But No Personal Contact Made, Description Needed
☐ Other ________________________________

Home Address ____________________________________________ Zip __________ Victim’s Age __________

Ho Phone __________ Wk Phone __________ Owner DOB __________

☐ Dog ☐ Cat ☐ Other __________ Name __________ Sex __________ Age __________

Breed __________________________ Color __________________ Lic #__

Yes ☐ No ☐ Owner Claimed Animal
Yes ☐ No ☐ Owner Knew About Bite/Attack
Yes ☐ No ☐ ACO Saw Animal
Yes ☐ No ☐ ACO Heard Animal
Yes ☐ No ☐ Owner Was Cooperative

Def/Issue:

Cite Warn Issued by ACO

☐ ☐ To Place Under Observation
☐ ☐ License
☐ ☐ At Large
☐ ☐ Dangerous
☐ ☐ Injuring/Destroying Property of Others
☐ ☐ Other ________________________________

ACO:

☐ Left Doorcard
☐ Requested LPD Assistance
☐ Talked to Neighbors
☐ Talked to Witnesses
☐ Patrolled, Looking for Animal
☐ Set/Checked Trap
☐ Told Owner to Contact Office
☐ Sold License
☐ Gave HOB
☐ Collected Deposit/Fees $_________
☐ Saw Wound/Injury

Animal Was:

☐ Stray
☐ Wild
☐ Not Found
☐ Unable to Apprehend
☐ Tranquilized
☐ Acting Aggressive
☐ Mother with Young
☐ Injured Before Bite
☐ Delivered to Humane Society
☐ Delivered to Veterinarian
☐ Delivered to State Lab
☐ Already Boarded at __________________________

ACO Explained:

☐ Why Observation is Necessary
☐ 24-Hours or Citation Issued for Failure to Observe
☐ Owner’s Responsibility to Place
☐ Owner’s Liability for Damages
☐ Surrender Form
☐ State Lab Procedure
☐ Home Observation Requirements
☐ Boarding/Check by Vet
☐ Rabies Transmission/Results
☐ Vicious Animal
☐ Dangerous & Potentially Dangerous Dog

Victim:

☐ Also Owner/Relative
☐ Identified Animal
☐ Unable to Identify Animal
☐ Was Told to Contact Physician Dr.
☐ Was Told to Clean Wound for 5 Minutes
☐ Questionable
☐ Skin Not Broken/Did Not Bleed

Owner:

☐ Visiting, Lives Out of Town
☐ Is on Vacation
☐ Lives in County

Comments __________________________________________________________

☐ I hereby swear that the above described animal did bite me (or my ward).

Date __________ Parent/Guardian __________________________

Date __________ Victim __________________________ ACO Initials __________

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